	PAILI	Effe	ctive O	9r 1, 20		ION REC	טאט		_	49	87	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												
TOTAL CLAIMS			Colur	(Column 1)		(Column 2)		TYPE		OR		
FOR								TE	FEE	4	RATE	FEE
		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEI	710.00	
TOTAL CHARGEABLE CLAIMS			/ / minus 20=				X\$	9=	,	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		X4	—)=		OR	X80=	
M	JLTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT								20 10 1
* 1	th difference	e in column 1 is	less than	less than zero, enter		column 2	+13			OR	+270=	DN
							тот	AL		OR	TOTAL	CHI X
		(Column 1)	AMENDE	MENDED - PART II (Column 2)			SMA		ENTITY	OR	OTHER SMALL	
A		CLAIMS		HIGH	EST	(Column 3)	1		ADDI-		SWALL	
MENT,		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent		Minus	***		=	X40	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (CLAIM		105	\exists	<u> </u>	1		
							+135		·	OR	+270=	
								EE.		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Ind pendent	•	Minus	***		=	X40=				X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.00=	
BEST AVAILABLE COPY							+135			OR	+270=	
							TOT ADDIT. F			OR A	TOTAL DDIT. FEE	
_		(Column 1)		(Colum		(Column 3)						
<u>z</u>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9=			<u>_</u> _t	X\$18=	TEE
	Independent	•	Minus	***		=	-	+		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40=	4		OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Raid E. o" IN THIS SPACE is less than 20. accounts 2.										OR OR	+270=	
!!	** If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, nter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box										TOTAL DDIT. FEE	
	TO 275				_,	g Hallbel		-whi	renale DOX	in colu	m# 1.	

cation or Docket Number